

Date:

## KERALA STEEL TRADERS ASSOCIATION

THOMAS TOWER, 1<sup>ST</sup> FLOOR, HMC LINE NEAR PULLEPPADY RAILWAY GATE, LISIE HOSPITAL ROAD ERNAKULAM, COCHIN- 682 018

## **MEMBERSHIP APPLICATION FORM** 1. Name & Address of the Firm (Building No. Road Name, Pincode) 2. (A) Trader Name (B) Propriter or Partner 1 **Managing Partner** 2 **Managing Director** 3 3. Residence Address Res. Firm. 4. Phone Nos. Mob: ..... E-mail:..... 5. Representitive Name & Signature 6. Years of when Establishment started & Date 7. **KVAT - TIN No:** 8. Whether Firm is Insured 9. Application if associated with other Association (If the Association Name) 10. Applicant Blood Group We hereby agree to abide by the rules and regulations of the association Yours faithfully, Place: Signature

**OFFICE USE** 

Name

Receipt No: Date: